

(FOR CDP USE ONLY)

Center for Domestic Preparedness Training Course Application

(Please complete all fields and mail or fax to State Coordinator)

First Name: _____ MI: _____ Last Name: _____ ☐ Male ☐ Female

Date of Birth: _____ (MM/DD/YYYY) Student ID Number: _____ (* See Note Below)

Mailing Address:

Street Address: _____

City, State, ZIP: _____

Home Phone: _____

Cell Phone: _____

Home E-mail: _____

Profession: _____

Supervisor's Name: _____

Airport of Departure: _____

Organization/Work Address:

Org. Name: _____

Street Address: _____

City, State, ZIP: _____

Work Phone and ext: _____

Work E-mail: _____

Position/Title: _____

Years of Experience: _____

☐ Or, if driving, check here

Area of Jurisdiction:

- ☐ City ☐ Township
☐ County ☐ Metro ☐ District ☐ State
☐ Federal ☐ National ☐ Port ☐ Tribal Territory
Other (please specify): _____

Discipline:

- ☐ Fire Service ☐ EMS ☐ Emergency Management ☐ HAZMAT ☐ Public Health
☐ Law Enforcement ☐ Public Works ☐ Governmental Administrative ☐ Healthcare (Non-EMS)
☐ Public Safety Communications
Other (please specify): _____

Select dates by numerical week number and class(es) by selecting a Program Letter. Please indicate three choices by listing the desired week of training and program letter found on the training calendar (<http://cdp.dhs.gov/schedules/>):

	Choice #1	Choice #2	Choice #3
Week Number			
Program			

Any questions should be referred to your Regional Training Coordinator:

East Region: 866-213-9546
Central Region: 866-213-9547
West Region: 866-213-9548
Islands/Federal: 866-291-0697
Help Line: 866-213-9553

* NOTE: To obtain a CDP Student Identification (SID) Number, go to <https://cdp.dhs.gov/elms> and create your account or retrieve your SID number if you have previously attended a CDP course. The SID number will be nine digits long and will serve as your personal CDP student identification number for all future registration for CDP training programs.

Center for Domestic Preparedness Medical Screening Form

(Please fill in all fields and e-mail or fax to State Coordinator)

Responder's Name: _____

Submitting this paperwork for consideration of training at the Center for Domestic Preparedness constitutes your agreement and understanding of medical qualifications.

Course Requested: _____

1. Responders under consideration for attendance at the Center for Domestic Preparedness for the following courses **must** complete this medical screening questionnaire: WMD Technical Emergency Response Training (TERT), Hazardous Materials Technician (HT), Hands-On Training (HOT), Hands-On Training (8-hour) (HOT8), Emergency Medical Services (EMS), Emergency Responder Hazardous Materials Technician (ERHM), Agricultural Emergency Response Training (AgERT), Law Enforcement Response Actions (LERA), WMD HAZMAT Evidence Collection (HEC), Hospital Emergency Response Training (HERT), Radiological Emergency Response Operations (RERO), Hazard Assessment and Response Management (HARM).

2. Do you now or have you previously been treated for or experienced:

Heart Disease or Condition	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Seizures or Epilepsy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chest Pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Frequent Fainting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Heat Injury (last 12 months)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Hyperventilated while wearing PPE	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Emphysema	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Claustrophobia	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Chronic Bronchitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Taking narcotic medication	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Other Lung or Chest Problems	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have an open wound or sutures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Perforated Eardrum	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Pregnant (currently)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Any question with a **YES** answer requires the responder to have a medical screening by a licensed physician certifying the responder is in appropriate health to perform tasks in personal protective clothing and respirator systems. High blood pressure (150 over 90) may preclude participation in Toxic Agent Training.

4. Forward Medical Screening Form and Physician Certification (if required) with Training Course Application. Additional medical screening will be conducted prior to entering the Toxic Agent Training Facility.